

**Application Data Sheet****APPLICATION INFORMATION**

Application Number::

Filing Date:: 02/06/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: Network DN

Attorney Docket Number:: 224179

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**APPLICANT INFORMATION**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Pradeep  
Middle Name::  
Family Name:: Bahl  
Name Suffix::  
City of Residence:: Redmond  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 21502 NE 84<sup>th</sup> St  
City of mailing address:: Redmond  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98053

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: J.  
Family Name:: Corbett  
Name Suffix::  
City of Residence:: Duvall  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 12636 Odell Rd  
City of mailing address:: Duvall  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98019

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mohamed  
Middle Name:: Jawad  
Family Name:: Khaki  
Name Suffix::  
City of Residence:: Sammamish  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 901 197<sup>th</sup> Ave SE  
City of mailing address:: Sammamish  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98075

### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 38887  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

### REPRESENTATIVE INFORMATION

Representative Customer Number:: 38887

Representative Designation::      Registration Number::      Representative Name::

### DOMESTIC PRIORITY INFORMATION

Application::      Continuity Type::      Parent Application::      Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country:: Application Number:: Filing Date:: Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of  
mailing address:: Washington

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: 98052